Health Equity into Action

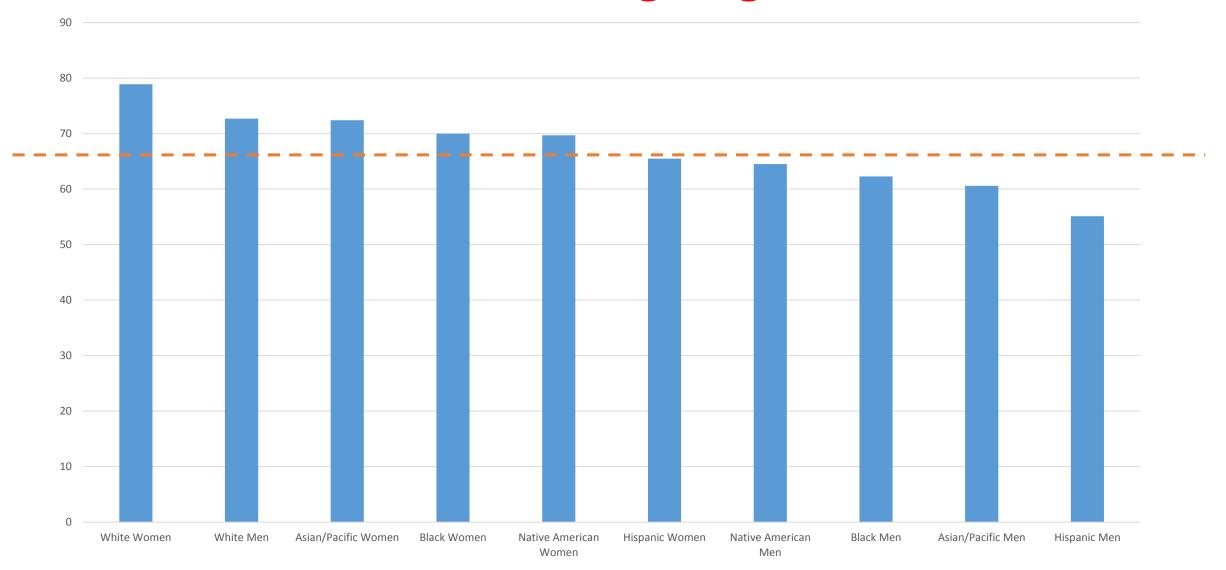
Investing in Partnerships to Become an All-In Community

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Kansas 2015 Average Age at Death



How we learn new things

• Oh that's just like.....new name on old work

 Duck describes a chicken....relate new concept using old concept

• Try on.....feel out new concept

Public health language

- Social Justice
- Environmental Strategies
- Disparities
- Social Determinants of Health
- Health Equity

Health Disparity

Differences in the incidence and prevalence of health conditions and health status between groups, based on:

- Race/ethnicity
- Socioeconomic status
- Sexual orientation
- Gender
- Disability status
- Geographic location
- Combination of these

Social Determinants of Health

 Healthy People 2020 defines social determinants of **health** as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and qualityof-life outcomes and risks.



Defining Inequities

• Health Inequities: The difference in health outcomes that are systematic, avoidable, and unjust.

Health Disparities vs. Health Equity

False dichotomy

Not a new label

Two important fronts

Health Equity

Health equity is achieving the highest level of health for all people.

Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

- From Healthy People 2020

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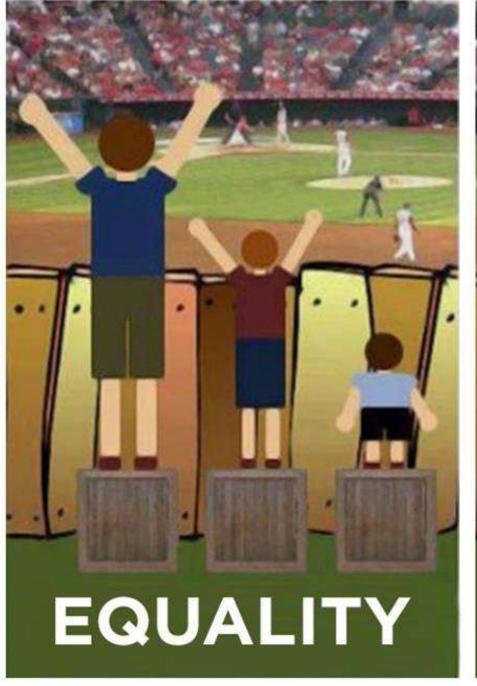
Equity

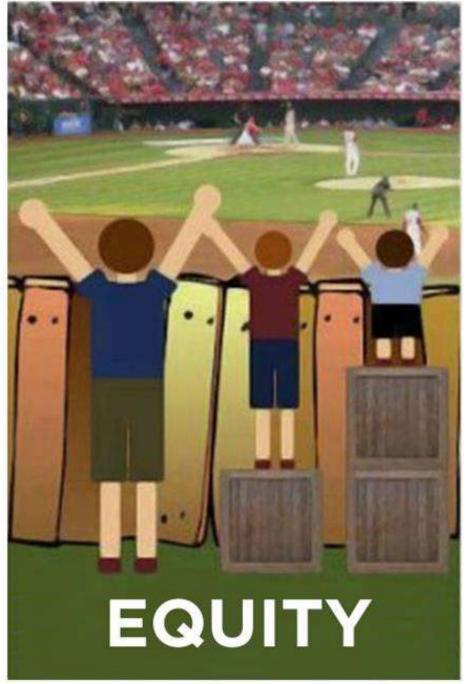


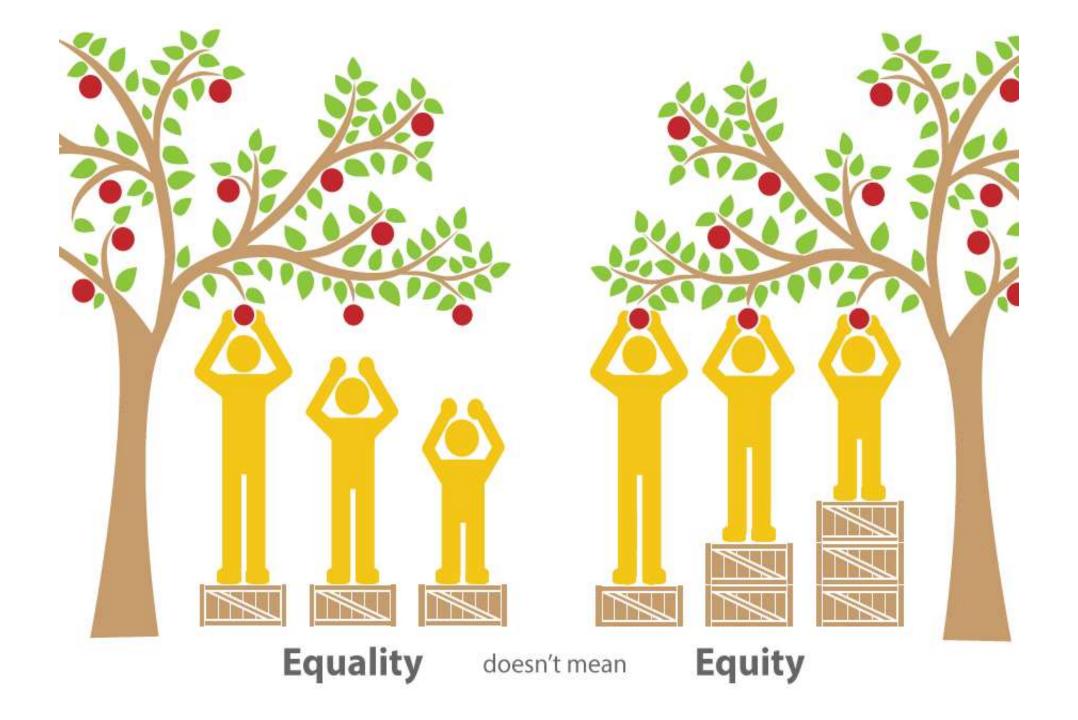
Equity means

just and fair inclusion

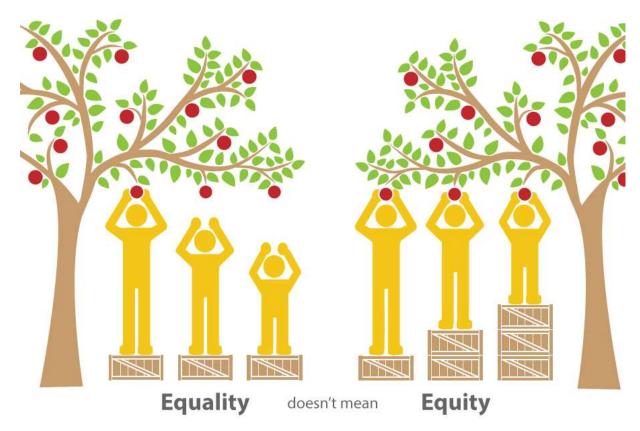
An equitable society is one in which all can participate and prosper. The goals of equity must be to create conditions that allow all to reach their full potential. In short, equity creates a path from hope to change.







Hard Questions



Outcomes

Resources

Redistribution vs.
New

Resources

Developing a Health Equity Lens

Are we willing to see it

Disaggregate the data

Have an analysis on race, power and poverty

Health Equity

Surfaces inequities

Leads with race

What about "Low SES"

Where our work focuses

Social Inequities	Institutional Power	Living Conditions	Risk Behaviors		Mortality
Class Race/Ethnicity	Corporations and business Government agencies	Physical environment Social environment	Smoking Poor nutrition	Disease and Injury Communicable	Infant mortality
Immigration status Gender	Schools Laws and regulations	Economic and work environment	Low physical activity Violence Alcohol and other	Chronic Disease Injury	Life expectancy Homicide
Sexual orientation	Non profits	Service Environment	Drugs Sexual behavior		Homiciae

Practical Steps

- Gather data, disaggregate
- BE BOLD have the conversation
- Have an analysis on race, power, and poverty
- Examine existing disparities
- Look upstream
- Answer the 4 key questions
- BE BOLD target a change
- Find the allies and points of leverage
- PLAN, ACT

Upstream



Health Equity takes us Upstream

• DOWNSTREAM APPROACHES Interventions that seek to address immediate health and social needs of populations.

 MIDSTREAM APPROACHES Interventions that seek to reduce exposure to health risks by either improving physical working /living conditions or through the promotion of healthy environments.

 UPSTREAM APPROACHES Interventions that seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making

Quick Quiz

 Is getting a supermarket to open in a community that is a designated food desert:

• A. Upstream

• B. Midstream

• C. Downstream

Key Questions

- 1. Who benefits?
- 2. Who pays/is harmed?
- 3. Who leads?
- 4. Who decides?

Food Desert – an example

Who Benefits	
Who pays/is harmed?	
Who leads?	
Who decides?	

Tobacco – an example

Who Benefits	Tobacco companies, advertisers Lobbyists and politicians Convenience stores, retailers, wholesalers, etc. Smokers
Who pays/is harmed?	Smokers Families of smokers, people around smokers Targeted groups, youth, minorities, LGBT, etc. Health care costs, taxpayer
Who leads?	Advocates Legislators, elected officials Community members, youth, parents Boards of health, healthcare, public health
Who decides?	Legislature, elected officials Boards of health Courts Federal agencies

Partnership

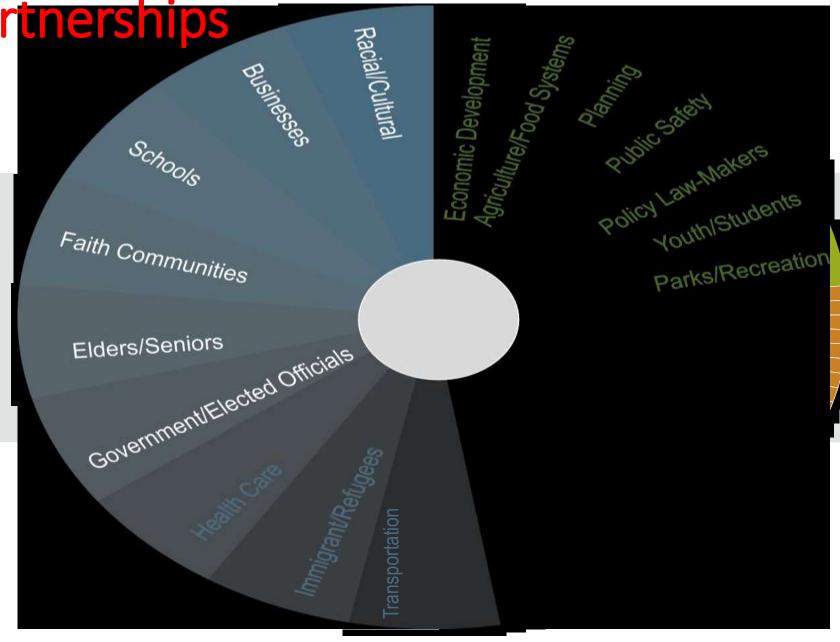
Cross sector collaboration

Usual and unusual partners

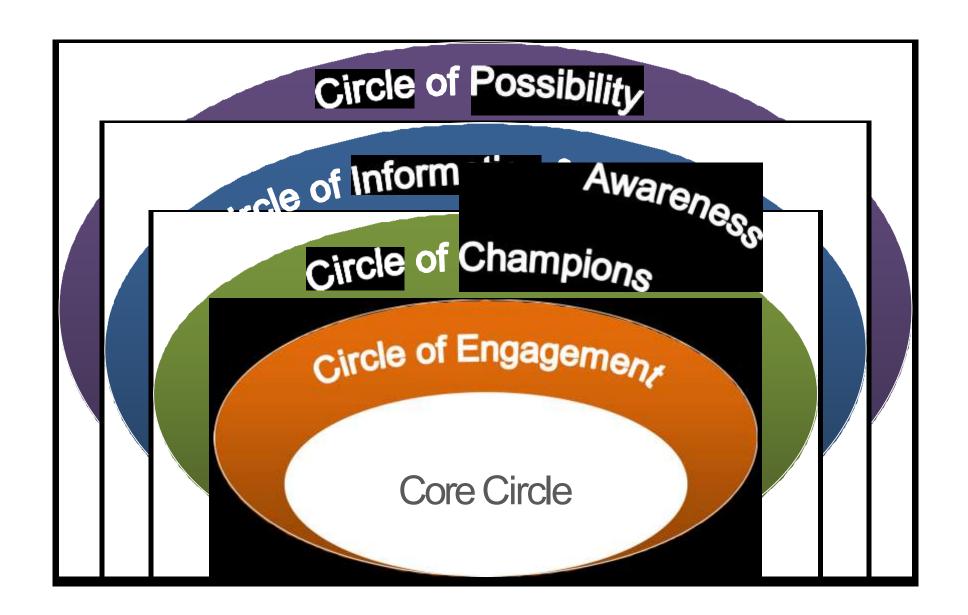
Include the voice and participation of the affected group of people

Multi Sector Partnerships

Multi-Sector Partnership



Voices at the Table



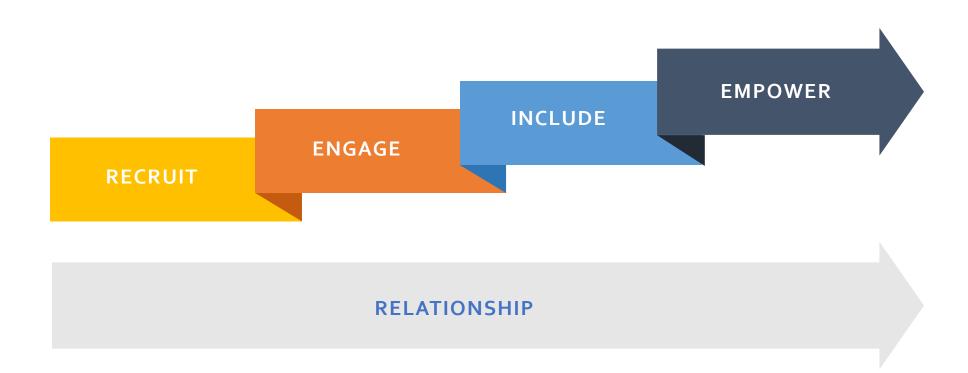
Key Questions

- 1. Who benefits?
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Partnerships

- What other efforts are happening in your community? Are you linked to these efforts? How?
- What key groups/organizations do you need to recruit to accomplish your efforts? Why?
- Who are the key groups/organizations invested in the success of your efforts?
- Are you supporting other community efforts? Why? Why not?
- Are there other opportunities for collaboration?

VOICES OF DIFFERENCE IN DECISION MAKING



Impacts on Health Equity

Minority – Majority

Underrepresented – Overrepresented

Race or Ethnicity labeling

Connecting the dots – part A

- The big first steps
 - Uncover the disparity
 - Ask why
 - What are the inequities?

Connecting the dots – part B

- The Work It Self
 - Social determinants of health
 - Make change using Policy, Systems and/or Environmental Approaches
 - Measure impact in the lives of those who were experiencing the disparity